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01/28/2005

SUGHRUE, MION, ZINN, MACPEAK & SEAS, PLLC

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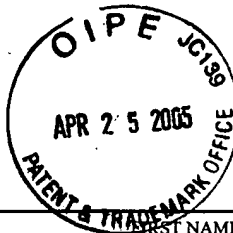
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| APPLICATION NO. | FILING DATE | INVENTOR NAMED FIRST | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/732,748 | 12/11/2000 | Bart Gerard Pauwels | Q61979 | 2824 |

TITLE OF INVENTION: METHOD FOR CHECKING THE TRANSFER OF DATA CELLS IN AN ASYNCHRONOUS SWITCHING ARRANGEMENT, ELEMENTARY SWITCHING UNIT AND NETWORK EQUIPPED FOR SUCH A METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 04/28/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| LEE, CHI HO A | 2663 | 370-250000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

SUGHRUE MION, PLLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ALCATEL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name David J. CushingRegistration No. 28 703

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